

# State Well Report

## Part 1

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: F-121  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Pike  
Permit #: \_\_\_\_\_  
Driller: JAMES WELLS  
Date drilling completed: 11-20-06

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Ernest McGowan Jr.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2035 Conerly Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>McComb MS 39648</u> City State Zip Code	1/4 1/4 Sec <u>32</u> Twn <u>3N</u> Rng <u>9E</u>
Telephone No. <u>(601) 684-1343</u>	Distance Direction Nearest Town <u>15</u> Miles <u>SE</u> of <u>McComb</u>

**Well Data**

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 11-20-06 Date well drilling completed: 11-20-06

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 11-20-06

Method of Measurement (circle one): steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1008 inches Setting depth: From 80 feet to 100 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

JAMES WELLS 0-586  
Print Name of Water Well Contractor and License No.

James Wells  
Signature of Water Well Contractor

RECEIVED  
DEC 11 2006  
BY: OLWR



# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Pike  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 11-20-06

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: F-121  
 Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Earnest McGowan Jr.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2035 Conerly Dr.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>McComb MS 39648</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>32</u> Twn <u>3N</u> Rng <u>9E</u>
Telephone No. <u>(601) 684-1343</u>	Distance Direction Nearest Town
	<u>15</u> Miles <u>SE</u> of <u>McComb</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>11-20-06</u>	Setting Depth: <u>85</u> <span style="float: right;">RECEIVED DEC 1 2006</span>
Rated Pump Capacity: <u>14</u> Gallons Per Minute	Number of Stages: <u>14</u> <span style="float: right;">BY: OLWR</span>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-20-06</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>85</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>55</u> Feet Below Land Surface	Well yielded <u>17</u> GPM with a drawdown of
Test Pumping Rate: <u>17</u> Gallons Per Minute	<u>5</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

JAMES WELLS 0-586 James Wells  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer